

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-015290

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2127

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 49 Primary Registration District No. 1002 Registrar's No.

FILED APR 30 1962

VS 300  
Rev. 4/59

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DATE AMENDED  
4-24-62AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
Estilene C. JobeSHOULD READ  
Estilene C. Jobe

DOCUMENT

BY AFFIDAVIT OF Informant.

MEDICAL CERTIFICATION

Hollis S. Thomas

|   |                        |  |                            |
|---|------------------------|--|----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jackson                             |                            |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Kansas City  |                        | c. CITY OR TOWN Kansas City  |                            |
| Length of stay in 1b 41 years   |                        | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                            |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 2734 Troost Avenue   |                        | d. STREET ADDRESS (If outside, give location)<br>2734 Troost Avenue  |                            |
| 3. NAME OF DECEASED<br>(Type or print) First ESTILENE Middle C. Last JOBE   |                        | 4. DATE OF DEATH Month April Day 14 Year 1962  |                            |
| 5. SEX Female   | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8/30/1912 |
| 9. AGE (last birthday) 49   |                        | 10. IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  |                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Homemaker Housekeeper  |                        | 10b. KIND OF BUSINESS OR INDUSTRY<br>Palm Hotel Domestic   |                            |
| 11. BIRTHPLACE (City and state or country)<br>Cloverdale, Kansas  |                        | 12. CITIZEN OF WHAT COUNTRY<br>U. S. A.  |                            |
| 13a. FATHER'S NAME<br>John Myers  |                        | 13b. MOTHER'S MAIDEN NAME<br>Winifred Smyers   |                            |
| 14. NAME OF HUSBAND OR WIFE<br>Earl R. Jobe   |                        | 17. INFORMANT<br>Earl R. Jobe, 2734 Troost Avenue, Kansas City, Missouri   |                            |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No   |                        | 16. INTERVAL BETWEEN ONSET AND DEATH<br>6 days   |                            |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Pulmonary & Cardiac Exhaustion<br>DUE TO (b) Broncho Pneumonia<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                        |  |                            |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                        | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                            |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |                        | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  |                            |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                        | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |                            |
| 20f. CITY, TOWN, OR LOCATION  |                        | COUNTY STATE   |                            |
| 21. I attended the deceased from 4/9/62 to 4/14/62 and last saw her alive on 4/13/62<br>Death occurred at 7:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.  |                        |  |                            |
| 22a. SIGNATURE (Degree or title)<br>Hollis S. Thomas M.D.   |                        | 22b. ADDRESS<br>306 E 12   |                            |
| 22c. DATE SIGNED<br>4/16/62   |                        | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |                            |
| 23b. DATE<br>Apr. 17, 1962  |                        | 23c. NAME OF CEMETERY OR CREMATORY<br>Floral Hills Cemetery  |                            |
| 23d. LOCATION (City, town, or county)<br>Kansas City  |                        | 23e. STATE<br>Missouri   |                            |
| 24. FUNERAL DIRECTOR<br>D.W. Newcomer's Sons, Kansas City, Mo.  |                        | 25. DATE REC'D. BY LOCAL REG.<br>4-17-62   |                            |
| 26. REGISTRAR'S SIGNATURE<br>Ruth H. Long   |                        |  |                            |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

9:30-12:00 - 1:00-3:00

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision:

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Harold P. Reich*

Licensed Embalmer No.

*4998*

P. O. Address

*H. C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.